

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010890	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 12/28/2015
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT LAPORTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ANDREW AVE LA PORTE, IN 46350		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the State Licensure Survey completed on 11/10/2015. This visit included the PSR to the Investigation of Complaint IN00185296 completed on 11/10/2015.</p> <p>Complaint IN00185296: Corrected</p> <p>Survey date: December 28, 2015</p> <p>Facility number: 010890 Provider number: 010890 AIM number: N/A</p> <p>Census bed type: Residential: 116 Total: 116</p> <p>Census payor type: Other: 116 Total: 116</p> <p>Sample: 3</p> <p>Brentwood at LaPorte was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Licensure Survey and the PSR to the Investigation of Complaint IN00185296.</p> <p>Quality Review completed by 21662 on December 29, 2015.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE